PTSD Information Brief for Leaders

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Post Traumatic Stress Disorder Misconceptions

- “It will never happen to me”
- “It only exists for malingerers trying to get out of duty”
- “It is something that happened after Viet Nam”
- “It’s permanent and untreatable”
- “Guys with PTSD are like Rambo and will go ‘postal’ on you”
- “It only happens to ‘girly-men’”
- “Give me a guy who claims to have PTSD and I’ll beat his ass”

Post-Traumatic Stress Disorder

- Caused By: Exposure to a traumatic event in which the person:
  - experienced, witnessed, or was confronted by death or serious injury to self or others **AND**
  - responded with intense fear, helplessness, or horror
- 90% of OIF veterans were exposed to at least 1 Traumatic event (33% of Vietnam vets)
- More events experienced correlates with greater risk of PTSD
- Leaders more at risk for fear of appearing weak and survivor guilt feelings
- Wounded are immediately separated from unit and emotional support system. Decompress without peers

PTSD is the mind's NORMAL response to an ABNORMAL experience

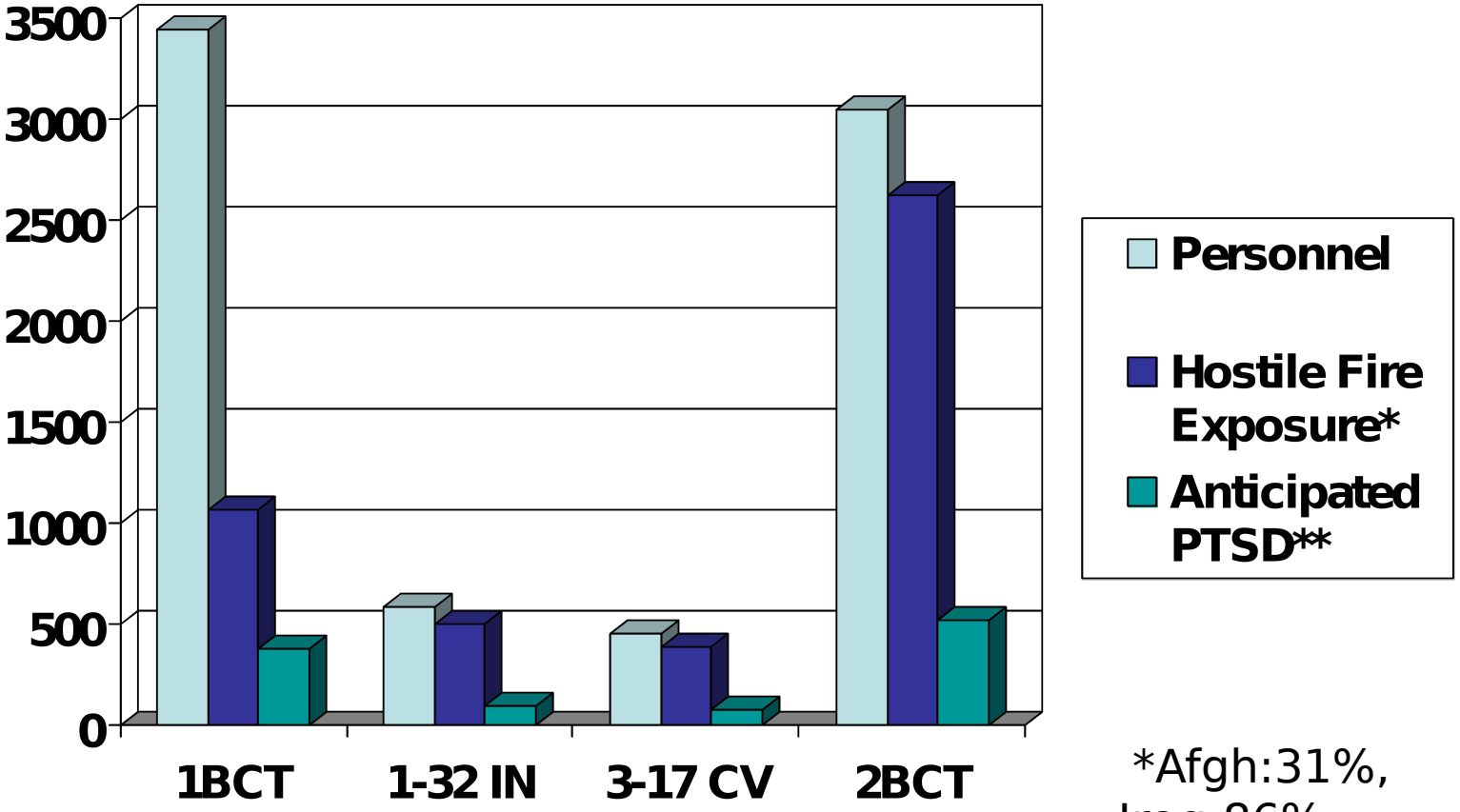
PTSD Symptoms

Symptoms Appear in 3 clusters:

- Re-experiencing
  - Recurrent distressing recollections/dreams of event
- Avoidance/Numbing
  - Avoid thoughts, feelings, conversations, activities, places, or people associated with event
  - Inability to recall part of trauma
  - Less interest in activities or other people
- Arousal
  - Difficulty sleeping (insomnia & nightmares)
  - Irritability or outbursts of anger
  - Difficulty concentrating
  - Exaggerated startle response

We expect PTSD as much as we expect physically wounded casualties

10th MTN Redeployments



*Afgh:31%, Iraq:86%

**Afgh:11%; Iraq:17%

NEJM, 1 Jul 04

PTSD Warning Signs:

"SPC X refuses to go to the range"

"SPC Y comes to formation smelling like a brewery"

"SGT Z is angry all the time, and takes it out on us"

"My husband refuses to eat in restaurants or go to the mall"

"My roommate has not slept well for a month"

"I feel anxious putting my uniform on in the morning"

"Joe keeps to himself all the time now"

What Can Command Do?

- Educate all levels of leadership (down to the squad leader) about PTSD
- De-Stigmatize mental health issues among Soldiers through education
- Identify Soldiers with the suspected condition early and refer for treatment
- Allow adequate time for re-integration
- Maintain unit integrity as much as possible to facilitate decompression with peers

WWII vets returned with units after weeks onboard ships to a supportive public.

Vietnam vets returned as Individuals by airplane after 365 day tour to

What Treatment is Available? Does it Help?

- Medications
  - Examples: Zoloft, Paxil
  - Not addictive substances
  - Should not effect ability to deploy
  - Should not significantly effect Soldiers' work ability

  60% Respond to Medications
- Individual Therapy
- Group Therapy-**Soldiers helping Soldiers**
  - Validation of fears, feelings, performance
  - Gradual Re-exposure
  - Reframing thoughts
  - Stress reduction techniques
- **Only about 1% MEB rate for PTSD**

Failure to Treat

- Misconduct & Separation from Service
  - DWI
  - Bar Fights
  - Domestic Violence–Laughtenberg Amendment
- High Risk Behavior
  - High-Speed Motorcycle/Vehicle Accidents
- Substance Abuse
  - Alcoholism
  - Drug Use/Abuse
- ETS instead of Reenlisting
  - “I just don’t like the Army any more”

What Can First-Line Supervisors Do?

- Pre-Deployment
  - Train Hard with planned Casualty Scenarios in all training events
  - Do AARs-get Soldiers used to talking about tactics and emotions
  - Thorough SRC, Family Care Plans, Financial Plans
- Deployment
  - AAR, Clean Weapons, Personal Hygiene, Chow, Rest
  - Include acknowledgement of emotional events in AAR
  - Look for behavior changes/isolation in subordinates
  - Refer Soldiers to Combat Stress Teams early
  - **P**roximity (in Base Camp), **I**mmediacy, **E**xpectancy of RTD
- Post-Deployment
  - Look for behavior changes/isolation in subordinates
  - Continue to talk to Soldiers about Deployment
  - Refer to Behavioral Health with expectancy of RTD after Treatment

Discussion